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VERMONT DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ASBESTOS AND LEAD REGULATORY PROGRAM
DRAWER 30
108 CHERRY STREET, P. O. BOX 70
BURLINGTON, VT 05402

APPLICATION FOR LEAD CERTIFICATION OF INDIVIDUALS

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing the tax form, and signing the application. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application. Do not forget to submit 3 1/2 x 5-inch color photo or make arrangement with this office to have picture taken for photo ID card. Contact the Program at (802) 863-7231 (800-439-8550 in Vermont) with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee in the following categories:

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

1. **TYPE OF CERTIFICATION BEING APPLIED FOR: (Check all that apply)** I = Initial R = Renewal

		I	R	
a) Lead Worker (\$50)	<input type="checkbox"/> Target Housing <input type="checkbox"/> Superstructures	<input type="checkbox"/>	<input type="checkbox"/>	If Renewal: Certification # _____ Exp. date _____ Certification # _____ Exp. date _____
b) Lead Supervisor (\$100)	<input type="checkbox"/> Target Housing <input type="checkbox"/> Superstructures	<input type="checkbox"/>	<input type="checkbox"/>	
c) Lead Inspector Technician I (\$150)		<input type="checkbox"/>	<input type="checkbox"/>	
d) Lead Inspector Technician II (\$150)		<input type="checkbox"/>	<input type="checkbox"/>	
e) Lead Inspector/Risk Assessor (\$150)		<input type="checkbox"/>	<input type="checkbox"/>	
f) Lead Project Designer (\$150)		<input type="checkbox"/>	<input type="checkbox"/>	

2. **APPLICANT INFORMATION:**

Name: _____ Home Phone #: _____ E-mail: _____

Home Address: _____ City, State, Zip _____

Company Name: _____ Company Phone #: _____ Fax: _____

Company Address: _____ City, State, Zip: _____

To which address should correspondence be sent: ☐ Home ☐ Company ☐ other (please attach)

3. **IDENTIFICATION INFORMATION:** MALE FEMALE (Circle one)

Date of Birth: _____ Social Security #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

4. **APPLICATION AND CERTIFICATION INFORMATION:**

Third party exam is required for license types b-f as identified in section 1. above.

a) Have you ever previously applied for lead-based paint related certification in the State of Vermont?

Yes _____ No _____

If yes, please specify the type of certification applied for and the date of application.

b) Are you licensed, certified or permitted for a lead-based paint related certificate in any state other than Vermont?

Yes _____ No _____

If yes, give name of state and license number and attach copy of permit or certificate

5. **TRAINING OF APPLICANT:**

a) **Formal Educational Background**

<u>School</u>	<u>Major & Minor</u>	<u>Date Attended</u>	<u>Academic Degree Earned</u>	<u>Graduation Date</u>

b) **Other Relevant Training**

Successful completion of Vermont/EPA approved training is required for certification (refer to the Vermont Regulations for Lead Control). Please include any documentation of refresher training.

<u>Course Title</u>	<u>Sponsoring Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Grade</u>

If a training course is to be used to fulfill the certification requirements, please attach documentation of successful completion of this course, including the training provider, dates attended, grade achieved on the written examination and copy of the certificate awarded.

6. **PROFESSIONAL CREDENTIALS HELD:**

P.E. _____ C.I.H. _____ R.A. _____ Other (specify)
License or Certificate Number(s) and Date(s)

7. **EMPLOYMENT EXPERIENCE OF APPLICANT:** - Describe relevant employment history, including employers, duties, dates of employment, and percent of time spent performing relevant duties (Attach additional sheets if necessary). If this information is to be used to fulfill certification requirements, please be certain that it is complete and detailed.

8. **ENFORCEMENT ACTIONS:** (Please submit documentation of all state and federal enforcement actions for the last two years if initial and past year if renewal).

a) Are there any outstanding actions or investigations regarding lead-based paint abatement initiated by any state (including Vermont) or federal agency or department pending against you?

Yes _____ No _____

b) Have you ever been notified by any state (including Vermont) or federal agency or department that you have been in violation of, or in non-compliance with any law or regulations regarding lead-based paint abatement?

Yes _____ No _____

c) Have you ever been found to be in violation of any law or regulations regarding lead-based paint abatement by any state (including Vermont) or federal agency or department?

Yes _____ No _____

If the answer to any of these is yes, even though you may disagree with those actions, provide detailed information about the notice or action including the agency taking actions and copies of enforcement correspondence. Also include your response to this correspondence, and what procedures have been instituted to prevent further re-occurrences. The Program routinely checks enforcement actions through state and federal enforcement reports.

9. **ASSOCIATIONS WITH OTHER LEAD-BASED PAINT RELATED BUSINESSES:**

Does the applicant, any employee or other individual with financial interests in the applicant have any financial or professional involvement in any other individual or firm certified under the Regulations for Lead Control?

Yes _____ No _____

If yes, describe relationship in detail on additional sheets.

I certify that I have read and understood the Vermont Regulations for Lead Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Lead Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. I agree that as a condition of certification, I will notify the Asbestos and Lead Regulatory Program of any change of address or employer within 90 days of the change.

SIGNATURE OF APPLICANT: _____ DATE: _____

**STATEMENT OF COMPLIANCE
FOR VERMONT LEAD CERTIFICATION**

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by an agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may issue or renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as reasonable possible, if the agency finds an unreasonable hardship.

CERTIFICATIONS OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement.

This certification is made under the pains and penalties of perjury.

DATE: _____

SIGNATURE: _____

NAME(PRINTED): _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

HOME ADDRESS: _____ City, State, Zip _____

INDIVIDUAL CHECK SHEET FOR LEAD CERTIFICATION

The following are items that are generally missed when individuals submit application for certifications. Please check these items carefully on your applications, as incomplete applications will be returned. During the review process, if then information is found to be incomplete, your application will be denied and the fees will not be returned.

ALL APPLICANTS

- ____1) Is the application and tax form signed and dated? An original signature is required. A stamped or Xerox copy of a signature will not be accepted.
- ____2) Is type(s) of certification checked?
- ____3) Is the proper certification fee(s) submitted? Is the check made out to the Vermont Department of Health?
- ____4) Are the proper Vermont/EPA approved training course certificates been included along with any relevant refresher training documentation?
- ____5) Is documentation of enforcement actions submitted including all previous and current year's actions? Have you made sure that your responses to these actions have been submitted? At least two years enforcement history is required for initial and past year for renewal.

INITIAL APPLICANTS

- ____1) For certification of consultant type applications, is documentation of relevant professional credentials provided?
- ____2) Is relevant employment history provided (including project start and finish dates, locations, and contact person)?
- ____3) Is documentation of formal education submitted? Very important for the certification of the consultant type application.
- ____4) Has a 3 ½ x 5-inch color close-up picture been submitted or has arrangement been made with this office to have picture taken for the photo id card? We do not accept passport or Polaroid pictures.

Be sure to review the regulations and your application before you submit it to us for review.

Send completed application to:

Vermont Department of Health
Division of Health Protection
Asbestos
Drawer 30
P.O. Box 70, 108 Cherry Street
Burlington, VT 05402

DON'T FORGET TO COMPLETE THE ATTACHED TAX FORM!!!!